

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

An Overview of the MaineCare Program August 28, 2012



Medicaid/CMS Contractual Relationship

Policies Centers for Medicare State Medicaid Agency and Medicaid (CMS) **FMAP** Waivers State Plan **Members Providers** Members **Providers**



Basic Requirements Of Medicaid Coverage

- ➤ Must provide required services to mandatory populations
- >Services must be available statewide
- ➤ Members must be able to choose their providers
- Services must be "sufficient in amount, duration, and scope to reasonably achieve their purpose"
- ➤ Services must be "medically necessary"
- Rates must be adequate to assure reasonable access/quality
- Services may be limited by utilization control procedures



Basic Requirements Of Medicaid Coverage

Services: Mandatory and Optional



Mandatory Services

Medicaid law requires states to cover:

- Inpatient hospital care
- Outpatient hospital care
- Physician's services
- Nurse mid-wife and nurse practitioner services
- Federally qualified health center ("FQHC") and Rural Health Centers
- Laboratories and x-ray services
- Nursing Facility services (age 21 and older)
- Home Health Services, including related supplies and equipment
- Transportation to medically necessary services
- Early Periodic Screening Diagnosis and Treatment (EPSDT- under 21)



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MaineCare Optional Services Include:

Prescription Drugs

Chiropractors

Psychologists

Podiatrists

Diagnostic and Screening

Preventative services

Rehabilitative services

Clinic services

Dental services (limited for adults)

Physical and occupational therapy

Speech, language and hearing services

Prosthetic devices, including eyeglasses

Inpatient psychiatric care for people under 21 and over 65 (adults 21-64 not covered by Medicaid)

ICF/MR

Case management services

Personal care services

Hospice care

Home and community based services

Personal care services

Primary care case management services

Respiratory care (for ventilator-dependent)

Day Habilitation

Eye care



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MaineCare Waiver Populations



Waivers:

Allow greater state flexibility under federal law

Primary requirement:

Federal government pays no more than it would if no waiver existed.

Currently, Maine Has Six Waivers



1. Disabled and Elderly Waiver

- Must be medically in need of Nursing Facility (NF) level of care
- An alternative to NF
- Elderly and disabled >= age 18
- Case management, personal care, respite, skilled nursing, transportation, home health care, and therapy



Waivers for persons with Intellectual Disabilities or Autistic Disorder: Home and Community based services and support services

- An alternative to ICF/MR
- Services not part of MaineCare basic benefits
 - Funds to live in a residential setting
 - Personal support services



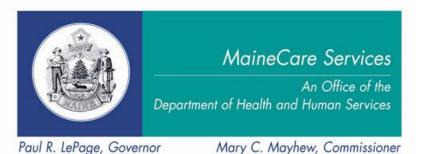
Home and Community Based Waiver for persons with physical disabilities

- Age >= 18 physical disabilities
- Personal care attendant and case management/consumer direction services



HIV Waiver

- HIV positive
 - <= 250% FPL
 - Pay co-payments and some pay monthly premiums
 - Full MaineCare benefits



Non-Categorical Waiver

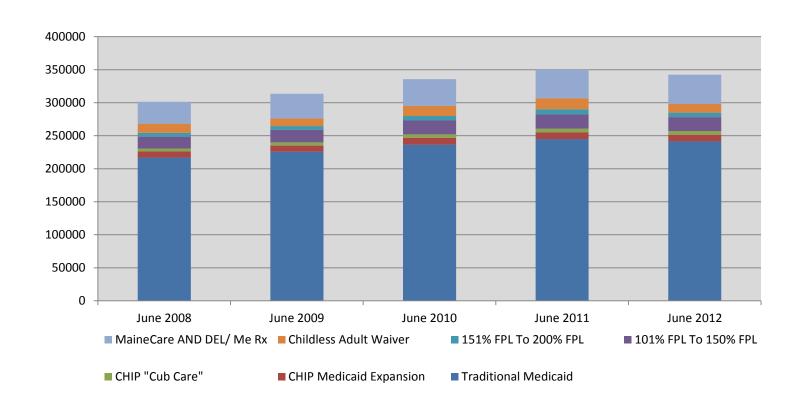
- Childless adults ages 21-64
- > <=100% FPL
- Targeted set of services
- Must participate in a care management program

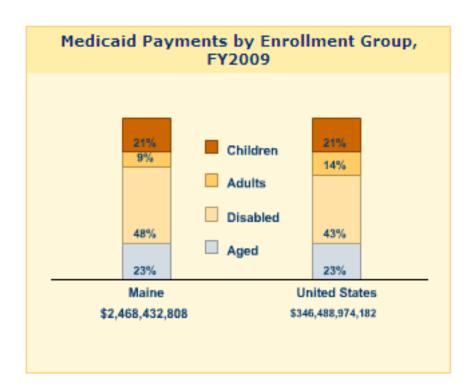


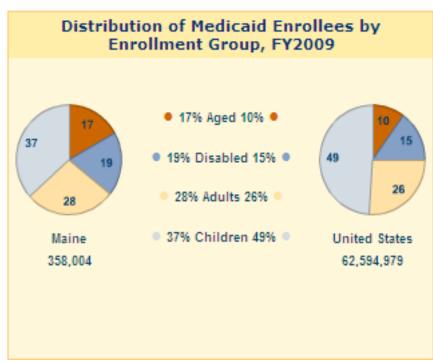
MaineCare Enrollment



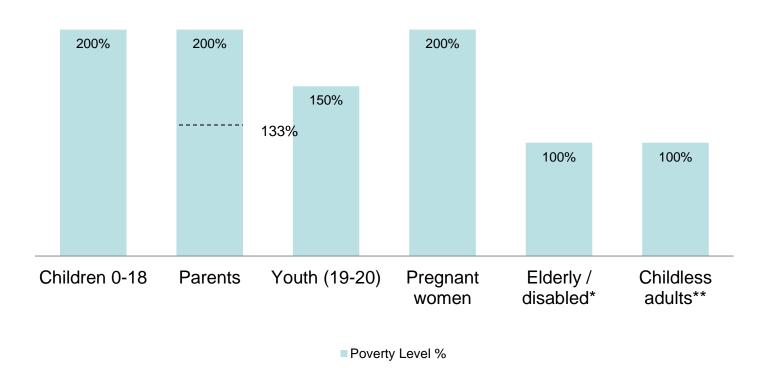
MaineCare Enrollment FY08-FY12







Coverage of Major Categories in Maine, 2012



^{*}Elderly or disabled who are medically in need of nursing facility level care have higher income guidelines.

^{**} Enrollment of childless adults ("noncategoricals") is capped by waiver at \$40M per passage of LD 1816.



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2012 Federal **Poverty Guidelines** (Monthly Income)

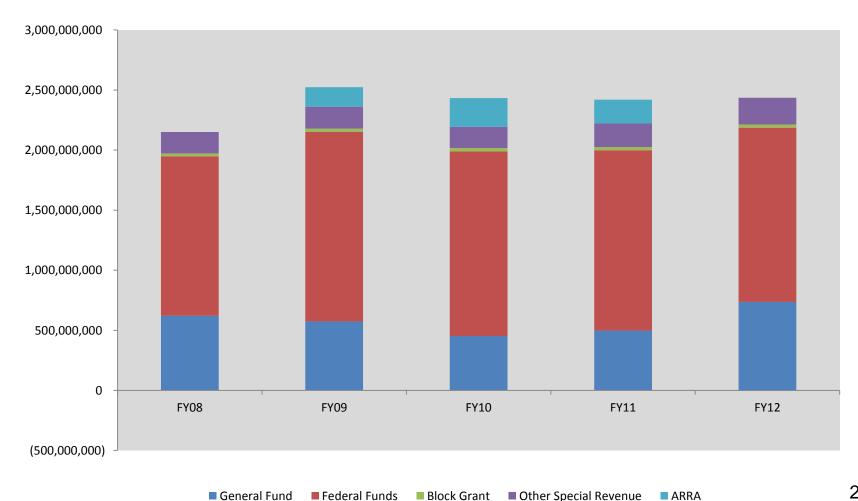
Household size	100%	133%	150%	200%
1	\$931	\$1239	\$1397	\$1862
2	\$1261 \$1591 \$1921	\$1677	\$1892 \$2387 \$2882	\$2522 \$3182 \$3842
3		\$2116 \$2555		
4				
5	\$2251	\$2994	\$3377	\$4502
6	\$2581	\$3433	\$3872	\$5162
Each additional person	\$330	\$439	\$495	\$660



MaineCare Expenditures

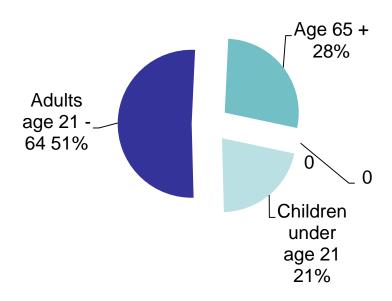


History of MaineCare Budget and Expenditures

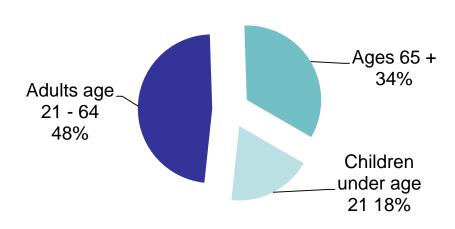


Age Groups – High 5%

High 5% - All members

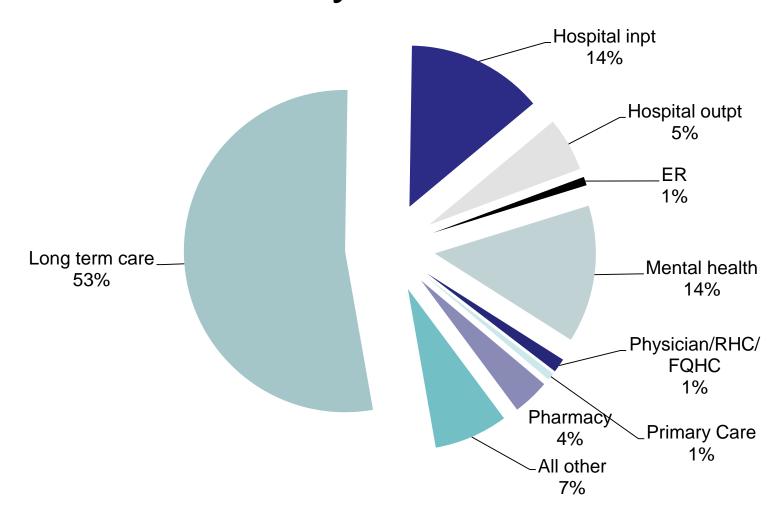


High 5% - Under 24 months eligibility



77% of group had 24 months of continuous eligibility

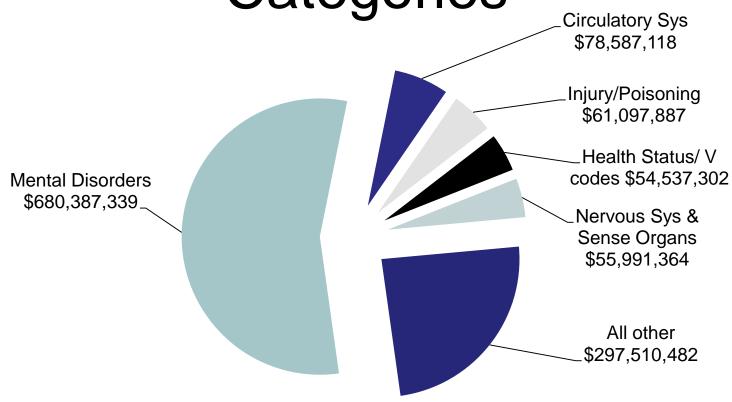
High 5% Service Types – by Net Payments



High 5% members – Net Payments

Service Type	\$s			
Long term care	\$676,157,290			
Hospital inpatient	\$174,543,146			
Hospital outpatient	\$68,994,905			
Emergency Room	\$11,000,000			
Mental health (incl. IP/OP psychiatric)	\$175,857,947			
Physician/RHC/ FQHC	\$17,889,652			
Primary Care	\$9,324,370			
Pharmacy	\$47,049,362			
All other • Dental \$ 1,410,589 • Transportation \$19,661,839 • Rx – Service Claims \$ 1,423,922 • Other \$71,847,831				
	\$94,344,182			
Total	\$1,275,160,854			

High 5% - Major Diagnostic Categories



SFY 2010



Federal Medical Assistance Percentages (FMAP)

State Fiscal Year		Federal Fiscal Year FMAP		СНІР	
	FMAP Rate	ARRA Rate	State Share		Enhanced State Share
2008	63.31%		36.69%	74.32%	25.68%
2009 Q1 & Q2	64.41%	7.99%	27.60%	75.09%	24.91%
2009 Q3 & Q4	64.41%	9.94%	25.65%	75.09%	24.91%
2010	64.99%	9.87%	25.14%	75.49%	24.51%
2011 Q1	63.80%	11.06%	25.14%	74.66%	25.34%
2011 Q2	63.80%	8.23%	27.97%	74.66%	25.34%
2011 Q3	63.80%	6.35%	29.85%	74.66%	25.34%
2011 Q4	63.80%		36.20%	74.66%	25.34%
2012	63.27%		36.73%	74.29%	25.71%
2013	62.57		37.43%	73.80%	26.20%